



Practitioner's Docket No. 2331/111

PATENT

\$1641  
#11  
✓ 10/7/02  
lw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Cherpnis et al.

Application No.: 09/595,720

Filed: 06/16/2000

For: A Quantitative Assay of Low Abundance Molecules (as amended)

Group No.: 1641

Examiner: Cook, L.

Commissioner for Patents

Washington, D.C. 20231

RECEIVED

OCT 04 2002

TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:\$55.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Morton Chirnomas

(type or print name of person certifying)

Date: September 23, 2002

10/03/2002 SMINASS1 00000023 09595720

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55.00 OP

(Amendment Transmittal--page 1 of 3)

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	30	Minus	44	= 0	x \$9 =	\$0
Indep.	2	Minus	4	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
					Total Addit. Fee	\$0

\*If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\*If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\*If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

### FEE PAYMENT

5. A check in the amount of \$55.00 is enclosed.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: September 23, 2002



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Morton Chirnomas  
Registration No. 34,465  
Bromberg & Sunstein LLP  
125 Summer Street  
Boston, MA 02110-1618  
US  
617-443-9292  
Customer No. 02101



02101

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